Proposals Affecting

Health Programs in Budget Function 550

The programs within budget function 550 provide health care services, health research and training, and consumer and occupational health services. The largest provide health insurance coverage:

- Medicaid is the main source of coverage for Americans who have very low income.
- Through the marketplaces established under the Affordable Care Act, eligible people may use premium tax credits to lower their out-of-pocket monthly premium contributions.
- The Federal Employees Health Benefits Program provides coverage to civilian federal employees and annuitants.
- The Department of Defense's Medicare-Eligible Retiree Health Care Fund provides Medicare wraparound coverage and pharmacy benefits to Medicare-eligible retirees of the uniformed services and their families through the TRICARE program.
- The Children's Health Insurance Program provides coverage for children in families whose income, although modest, is too high for them to qualify for Medicaid.

Budget function 550 also includes other programs:

- Food and Drug Administration
- National Institutes of Health
- Centers for Disease Control and Prevention
- Substance Abuse and Mental Health Services Administration
- · Health Resources and Services Administration
- World Trade Center Health Program
- Postal Service Retiree Health Benefits Fund
- United Mine Workers of America Health Funds
- Agency for Toxic Substances and Disease Registry
- Agency for Healthcare Research and Quality
- Center for Medicare and Medicaid Innovation
- Prevention and Public Health Fund

Congressional Budget Office Estimate of the President's Budget Request for Fiscal Year 2023

Proposals Affecting **Health Programs in Budget Function 550**

	By Fiscal Year, Millions of Dollars										
	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2023-2032
	Increases or Decreases (-) in Direct Spending Outlays										
Cross-Cutting Proposals											
 Establish PrEP Delivery Program to End the HIV 											
Epidemic ^a											
GDM	0	217	446	700	979	1,092	1,153	1,219	1,290	1,365	8,461
Medicaid	0	-10	-30	-52	-77	-92	-96	-101	-106	-111	-675
2. Expand the VFC Program to All CHIP Enrolless and Make											
Program Improvements											
Medicaid	37	39	40	42	45	47	50	53	56	60	469
CHIP	-37	-39	-40	-42	-45	-47	-50	-53	-56	-60	-469
3. Expand and Convert Medicaid Demonstration											
Programs to Improve Community Behavioral Health											
Services Within a Permanent Program											
Medicaid	0	1,865	2,111	2,501	2,828	2,991	3,177	3,373	3,589	3,841	26,276
State Grants and Demonstrations	0	11	22	9	2	0	0	0	0	0	44
4. Invest in Development of Medical Countermeasures,											
Surge Capacity, and Public Health Systems											
PHSSEF	9,605	18,809	8,804	1,201	400	0	0	0	0	0	38,819
Centers for Disease Control and Prevention	1,680	8,680	9,240	3,640	2,240	840	0	0	0	0	26,320
National Institutes of Health	329	1,585	2,031	2,212	2,356	2,027	771	325	144	0	11,780
Food and Drug Administration	245	408	408	408	161	0	0	0	0	0	1,630
Medicaid Proposals											
5. Establish Performance Bonus Fund to Improve Behavioral											
Health in Medicaid	175	400	475	495	495	320	95	20	0	0	2,475
6. Establish Medicaid Provider Capacity Grants for											
Mental Health and Substance Use Disorder Treatment	0	0	5,354	22,632	23,821	18,771	2,934	1,544	651	0	75,707
7. Apply Clinically Appropriate Criteria for Medicaid											
Behavioral Health Services	82	162	162	173	184	194	206	218	232	246	1,859
8. Eliminate Barriers to PrEP Treatment Under Medicaid	47	127	213	245	256	271	285	302	320	338	2,404
9. Modify the Medicaid Drug Rebate Program in the											·
U.S. Territories	n.e.	n.e.	n.e.	n.e.	n.e.	n.e.	n.e.	n.e.	n.e.	n.e.	n.e
10. Enhance Medicaid Managed Care Enforcement	n.e.	n.e.	n.e.	n.e.	n.e.	n.e.	n.e.	n.e.	n.e.	n.e.	n.e
11. Eliminate the 190-day Lifetime Limit on Psychiatric	-			,						,	
Hospital Services ^a	0	-133	-165	-174	-183	-201	-192	-210	-218	-232	-1,708
•	-										-,



Proposals Affecting

Health Programs in Budget Function 550

Treatti i Tograms in Budget i diretton 550	By Fiscal Year, Millions of Dollars										
											2023-2032
Other Proposals											
12. Invest in Behavioral Health Workforce and Delivery	8	29	219	449	554	656	739	744	750	750	4,898
13. Establish the Vaccines for Adults Program	0	0	1,136	1,189	1,231	1,270	1,309	1,347	1,388	1,430	10,300
14. Provide Mandatory Funding for State Enforcement of	-	-	.,	.,	.,	.,	1,000	.,	,,,,,,,	,,	
Mental Health Parity Requirements	10	40	25	25	25	0	0	0	0	0	125
15. Permanently Extend CMHC Funding	103	289	372	405	413	413	413	413	413	413	3,647
16. Authorize Coverage for Drugs and Devices											,,,,,,
Authorized for Emergency Use	n.e.	n.e.	n.e.	n.e.	n.e.	n.e.	n.e.	n.e.	n.e.	n.e.	n.e.
17. Encourage Development of Innovative											
Antimicrobial Drugs	n.e.	n.e.	n.e.	n.e.	n.e.	n.e.	n.e.	n.e.	n.e.	n.e.	n.e.
18. Shift IHS Fom Discretionary to Mandatory Funding	7,177	8,767	9,296	9,519	9,746	9,973	10,203	10,439	10,680	10,927	96,727
19. Provide Adequate IHS Funding and Close Service Gaps	0	2,721	6,272	10,022	13,986	18,178	20,207	21,762	23,421	25,191	141,760
20. Extend and Expand the Maternal, Infant, and		•	•	•	•	,	•	,	,	,	•
Early Childhood Home Visiting Program	14	165	376	538	604	647	454	176	0	0	2,974
21. Provide CMS Program Management Implementation											•
Funding	18	225	57	0	0	0	0	0	0	0	300
22. Standardize Data Collection to Improve Quality and											
Promote Equitable Care	0	0	0	0	0	0	0	0	0	0	0
23. Improve Access to Behavioral Health Care in the											
Private Insurance Market	n.e.	n.e.	n.e.	n.e.	n.e.	n.e.	n.e.	n.e.	n.e.	n.e.	n.e.
24. Require Coverage for Three Primary Care Visits and											
Three Behavioral Health Visits Without Cost Sharing	n.e.	n.e.	n.e.	n.e.	n.e.	n.e.	n.e.	n.e.	n.e.	n.e.	n.e.
25. Increase Access to Consumer Protections in											
Self-Insured Non-Federal Governmental Plans	n.e.	n.e.	n.e.	n.e.	n.e.	n.e.	n.e.	n.e.	n.e.	n.e.	n.e.
26. Expand the Medicare-Eligible Retiree Health Care Fund											
to Cover All Health Care Costs for Uniformed											
Services Retirees	0	11,122	12,730	13,802	14,212	14,702	15,282	15,879	16,562	16,829	131,120
28. Amend Administration of Tribal FEHB											
Enrollment System	2	2	2	2	2	2	2	2	2	2	20
29. Expand Family Member Eligibility											
Under FEDVIP	0	0	0	0	0	0	0	0	0	0	0
30. Expand FEDVIP to Tribal Employers	0	0	0	0	0	0	0	0	0	0	0
31 Expand FEHB to Tribal Colleges and Universities	0	0	0	0	0	0	0	0	0	0	0



Proposals Affecting

Health Programs in Budget Function 550

	By Fiscal Year, Millions of Dollars										
	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2023-2032
Memorandum: Cross-Cutting Policies											
Establish PrEP Delivery Program to End the HIV Epidemic ^a											
GDM	0	217	446	700	979	1,092	1,153	1,219	1,290	1,365	8,461
Medicaid	0	-10	-30	-52	-77	-92	-96	-101	-106	-111	-675
Medicare	0	-52	-54	-55	-56	-57	-58	-59	-60	-61	-512
Total Outlays	0	155	362	593	846	943	999	1,059	1,124	1,193	7,274
 Eliminate the 190-day Lifetime Limit on Psychiatric Hospital Services^a 											
Medicaid	0	-133	-165	-174	-183	-201	-192	-210	-218	-232	-1,708
Medicare	0	379	472	496	522	575	549	600	624	662	4,879
Total Outlays	0	246	307	322	339	374	357	390	406	430	3,171

CBO has estimated only certain proposals in the President's budget request for fiscal year 2023; those estimates are included in this table.

Components may not sum to totals because of rounding; CHIP = Children's Health Insurance Program; CMHC = Community Mental Health Centers; CMS = Centers for Medicare and Medicaid Services; FEHB = Federal Employees Health Benefits Program; FEDVIP = Federal Employees Dental and Vision Insurance Program; GDM = General Departmental Management of the Department of Health and Human Services; IHS = Indian Health Service; PHSSEF = Public Health and Social Services Emergency Fund; PrEP = pre-exposure prophylaxis; VFC =

a. Effects on budget function 550 are shown in the table; effects on Medicare are shown in the memorandum.

These estimates of the effects of the President's fiscal year 2023 budget proposals incorporate the effects of legislation enacted through April 8, 2002. They are based on CBO's economic projections, which reflect economic developments through March 2, 2022. The estimates do not include the budgetary or economic effects of subsequent legislation, economic developments, administrative actions, or regulatory changes.